

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012067

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3048 Registrar's No. 85 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Maryville	
Length of stay in b. 1 year		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 North Dewey		d. STREET ADDRESS (If outside, give location) 215 North Dewey	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM P. KAY		4. DATE OF DEATH Month Day Year 3 13 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/84
9. AGE (last birthday) 78		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - operator		10b. KIND OF BUSINESS OR INDUSTRY 2nd Hand Furniture	
11. BIRTHPLACE (City and state or country) Plattsburg, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Cay		13b. MOTHER'S MAIDEN NAME Olie Snead	
14. NAME OF HUSBAND OR WIFE Kay Jennie Ellen Fletcher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT James Kay, Maryville, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Arteriosclerosis</i> DUE TO (b) <i>Coronary Arteriosclerosis</i> DUE TO (c) <i>Coronary Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Secondary Arteriosclerosis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Maryville, Missouri	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 8:30 P. to 3/13/62 and last saw him alive on 3/10/62 Death occurred at 8:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>D. F. Island</i> (Degree or title) M. D.		22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 3/14/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/17/62	23c. NAME OF CEMETERY OR CREMATORY Miriam	
23d. LOCATION (City, town, or county) Maryville, Missouri		(State)	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 3-15-62	
26. REGISTRAR'S SIGNATURE <i>Beas Holt</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

10745

20745

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94201

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1290-0

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.